

**CITY OF LYNCHBURG
PARKS & RECREATION DEPARTMENT
YOUTH & NEIGHBORHOOD SERVICES**

VOLUNTEER PLEDGE FORM

Please circle the program you would like to participate in:

Tutoring	Mentor	Creative Arts	Music
Fundraising	Games	Dancing	Drama
Sports	Community Services	Performing Arts	Reading Buddies
Presentations	Special Events	Workshops	Field Trips

Name _____ Home Telephone _____
 Address _____ City _____
 State _____ Zip _____

Briefly explain why you wish to volunteer. _____

Have you had any experience working with children? _____
 Please give a brief description of you experience working with children. _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No
 If yes, Please explain: _____

When would you be able to volunteer: Time _____ Morning: **M T W TH F** Afternoon: **M T W TH F**

Are you certified in CPR or First Aid: _____ Yes _____ No

In Case of Emergency Contact: Name _____
 Home Phone _____ Work Phone _____
 Relationship _____ Pager: _____

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Office use only *All volunteers must be approved by the Youth & Neighborhood Services Supervisor.

Approved _____ Denied _____
 Center _____ Starting Date _____ Ending Date _____
 Feedback _____

Supervisor Signature _____ Date _____